The services, facilities, and benefits of this transportation program are for the use of all people regardless of age, race, color, sex, religion, disability, or national origin.

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the Central Community Transit (CCT) (hereinafter referred to as “CCT”) may file a Title VI complaint by completing and submitting CCT’s Title VI Complaint Form. CCT investigates complaints received no more than 180 days after the alleged incident. CCT will process complaints that are complete.

Once the complaint is received, CCT will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

CCT has 30 days to investigate the complaint. If more information is needed to resolve the case, CCT may contact the complainant. The complainant has 15 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 15 business days, CCT can administratively close the case.

A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding. A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. A letter of finding summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur. If the complainant wishes to appeal the decision, she/h has 30 days after the date of the letter or the letter of finding to do so.

A person may also file a complaint directly with the Federal Transit Administration at

Federal Transit Administration Office of Civil Rights
Attn: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave., SE
Washington, DC. 20590
Central Community Transit
Title VI Complaint Form

Please Return to Driver, Mail or Deliver to: Central Community Transit
1320 SW 22nd Street
PO Box 186
Willmar, MN  56201
(320) 214-7433

Today’s Date: ______________________
Name/Agency: __________________________________________________________
Address:  _______________________________________________________________
Phone #:  _______________________________________________________________

Person(s) discriminated against (if someone other than the complainant):
Name:__________________________________________________________________
Address:________________________________________________________________

Date(s) Incident Occurred_________________________________________________

Which of the following best describes the reason for the alleged discrimination that took place:
Race
Color
National Origin (Limited English Proficiency)
Other

Have you filed a complaint with any other federal, state or local agencies? Yes  No
If yes, please complete the information below:
Agency:________________________________________________________________
Contact Name:__________________________________________________________

Agency:________________________________________________________________
Contact Name:__________________________________________________________

Detailed Description of Complaint: Please provide the names and titles of all Central
Community Transit employees involved if available. Explain what happened and to whom
you believe was responsible.
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Request for Special Accommodations (Describe): _______________________________

Confirmation:
I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

_______________________________________________________
Complainant’s signature                                      Date

OFFICE USE ONLY

Complaint Received By: __________________________          Date:  ______________

Driver Response:
___________________________________________________________________________
__________________________________________________________________________________________

Resolution:
_____________________________________________________________________________
__________________________________________________________________________________________

Signature of Employee ____________________________________________          Date _____________

Signature of Supervisor______________________________________________          Date_____________